



Financial Aid Office, PO Box 587, Highway 76, Pendleton, SC 29670  
 (864) 646-1650

## Alternative Loan Cancellation or Return of Funds Request

**NOTE:** Student is to complete this form and return it to the Financial Aid or Business Office. The loan will not be cancelled or funds returned until this form has been completed, signed by the student and a check is attached for returning funds.

Date: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Name: \_\_\_\_\_ Student T#: \_\_\_\_\_  
 Please Print

Lender: \_\_\_\_\_

Select One:  I am returning loan disbursement check. (Attach check to this form and take to Business Office.

I request to have my loans canceled (return form to Financial Aid Office)

| Check One | Portion of Loan to be Cancelled Or Funds to be Returned | Amount |
|-----------|---|--------|
|           | Entire Loan   | \$     |
|           | Fall and Spring Disbursement                            | \$     |
|           | Spring and Summer Disbursement                          | \$     |
|           | Fall, Spring and Summer Disbursement                    | \$     |
|           | Fall Disbursement                                       | \$     |
|           | Spring Disbursement                                     | \$     |
|           | Summer Disbursement                                     | \$     |

The student acknowledges, by signing this document I understand I am responsible for any debt that may still be required on my billing statement. I understand this form will not be processed if it is not completed entirely and signed.

\_\_\_\_\_  
 Student's Signature (required)

\_\_\_\_\_  
 Date